

**Interview with COL Michael Holladay, USMC (Ret.), commanding officer of Co. K, 3rd Battalion, 9th Marines. Wounded in action. Interviewed by Jan K. Herman, Historian, Navy Medical Department, 30 November, 9 December, and 16 December 2004.**

**When did you arrive in Vietnam?**

I arrived in November of '67 and was there until late March of '68. I was there when the Battalion came out of Con Thien and went to the Rockpile.

**So you were pretty much a career Marine at that point.**

No. As a matter of fact, I enlisted in '66 and, because I had a couple of years of college under my belt, I had an opportunity to . . . or rather, I was "volunteered" to take the officer candidate selection test they had then. My ambition, or my goal at that time, being the son of a Marine from the World War II time, was to be a Marine. I never thought anything different. It was just one of those things that was going to be a part of my life.

So the timing worked out. I was on my way back to the University of Tennessee when I decided late one Thursday afternoon to go talk to the recruiter. And I went to Parris Island the following Monday. The rest is history.

I had a chance because the Marine Corps was suffering the paucity of platoon commanders, junior officers, etc. An enormous number had been killed and wounded so they opened up the officer candidate selection process more than usual to enlisted Marines. There were about 16 of us who took the test. I was in Recon at Camp Lejeune at the time, awaiting orders to go directly to Vietnam. I had enlisted on what they called the 2-year program. My goal was to be an infantryman and go to Vietnam and come back. I was pursuing a long-term goal of being a veterinarian.

I had the great opportunity to take the officer candidate selection test and things worked out. I got orders to the March '67 Officer Candidate Course; there were about 16 of us. We graduated from that and went straight to the Basic School. I went immediately after that on my first tour and arrived in Vietnam in November of '67.

**What do you recall about arriving in Vietnam?**

I did not go directly with the rest of my class. Three lieutenants had been selected to go to Recon replacement training. That was by virtue of a chance to demonstrate our eagerness to be infantry Marine officers. If you really pushed it hard during the Basic School, you could get a chance to go to Recon Replacement Training. So three of us went and did most of that out in California with a SEAL team. It was really neat training.

Another lieutenant and I went in country a little bit afterwards. We went to Danang. Both of us were slated at that point to go to 3rd Marine Division so we were headed north up to Phu Bai. We arrived in late afternoon and were sent to an officer transient barracks. Those were hard backs at the time--a hut with screening, a wooden floor, and some hard sides around the bottom.

The next morning we checked in to the 3rd Marine Division, where we were greeted by the division CG at the time, MGEN Rathbun McTompkins, who, incidentally, had been my Commanding General when I went through boot camp at Parris Island a few years before. We were told that I was going to 3/9 and the other lieutenant was going to 2/9. I was sent to the 3/9 rear area, which was run by a First Sergeant at the time. They decided that I was going to K or Kilo Company. And I would have to await a weapon. That wait took about 3 days!

**Are you talking about an M16?**

At the time a lieutenant . . . I wouldn't say you had your choice. It's just when one became available. Most officers carry sidearms. In those days, most company commanders and above did not carry rifles. You kind of had to wait until one came in. And the Marine Corps was in the process of switching over from the M14 to the M16A1, which was okay. It was much lighter but a piece of crap compared to the M14. It jammed every third round.

**I understand that the powder burned dirty and left a residue, which jammed the bolt.**

Exactly. I had to wait in the rear for about 3 days before there was a weapon available and it just happened that two weapons became available--a pistol and a rifle. My intention at that time was to carry a rifle anyway.

We had one rocket attack while I was at Phu Bai, which was interesting. Of course, it had just gotten into the rainy season and had become cool. Most people, when they think of Vietnam, don't think about it getting cool, but I'll tell you what. It can colder than a well-digger's ass there, particularly when you get up towards the mountains.

I was sent forward by helicopter late on the third afternoon to the Rockpile. The Rockpile was where the main headquarters was for our battalion--3rd Battalion, 9th Marines. The battalion was split. Half of the battalion was at a little outpost just south of the Rockpile manning a road junction on Route 9, which was the farthest west position before you went over to Khe Sanh. Route 9 came down from the Rockpile all the way up from Phu Bai and all the way across to Cam Lo, by Camp Carroll, and then on to the Rockpile, and then on down to Ca Lu. Ca Lu was where you took the bend in the road to head on over to Khe Sanh. All the major activity we were involved in every single day was to the west towards Khe Sanh.

Anyway, I was met by the Battalion Commander and then I went on forward that afternoon because the helicopter was going to drop into Ca Lu, which was at the bend of the little river there. I joined K Company and was immediately given the opportunity to lead the 1st Platoon. The present platoon commander was senior to all the lieutenants, although everybody was a second lieutenant. Seniority didn't mean too much at that time. As the new guys came, they had a chance to go to the platoons and others moved up to company Executive Officer and the S3 Operations Alpha, etc. He went on to be the Executive Officer and I moved into 1st Platoon.

That's when I joined with Doc [Raymond] Felle. He had just come over to be 1st Platoon Corpsman. Every platoon had one Corpsman. Some platoons got lucky enough to have two for just a short time. But hardly ever did you see more than one Corpsman with a platoon. In many cases, there was not even a Corpsman with each platoon. I was fortunate during the time I was there--that first tour--that we had a Corpsman all the time. And Doc Felle was the guy.

**And he was pretty well seasoned by then.**

I'll have to go back and check my notes as to when he came in-country, but I believe that he had not been there more than a month or two at the time. He was not with the platoon at Con Thien and they came out of Con Thien in mid to late October. So, I don't think he had been there 60 days.

In the Marine Corps, there are two or three individuals who, by virtue of what they do, have instant credibility until they do something to discredit that credibility. One is

the Chaplain. If he's wearing a cross on his collar, he is immediately accepted, no questions asked.

The second is the Marine Drill Instructor. He walks in front of any particular audience or group with his Campaign Cover and his senior or junior belt and he has instant credibility.

The same with the Corpsman. The Corpsmen, in my experience, are instantly adopted by their organization and they become soul mates, part and parcel to everything they do. In some cases you had to remind them that they're in the Navy and are corpsmen. They become so much Marine and get involved in the cameraderie and the ethos that Marines live by, that it's just amazing. And certainly that's what occurred with Doc Felle.

There was no "new guy" syndrome and that kind of stuff. When I was resubmitting those packages for his Bronze Star and Sergeant William's Silver Star, I had talked about Doc Felle being the quintessential Platoon Corpsman. He went on every patrol, every night activity. He was everywhere when the shooting started. He was the fox hole buddy of SGT Williams. Doc Felle was there all the time with him. I recall one time he was wounded in my presence, not enough to warrant an evacuation but certainly enough to take him out of the fight for awhile. But he refused to do that. His sense of humor, his optimism, his calming effect was truly amazing.

### **What do you recall about that very bad day that you had?**

Our battalion had been split between the Rockpile and Ca Lu. We had two companies at the Rockpile and operated out of there in various activities. And we had two companies at Ca Lu. Our responsibility was to patrol at both platoon size and company size within the artillery and supporting arm span that would permit. We hardly ever went on a battalion operation because we were manning what was called "the McNamara Line." We were part of the "Dye Marker" project.

There was a series of huge bunkers. The beams inside those things were rough hewn 16 by 16s. They weren't massive in size but certainly could withstand a rocket attack. There was layer upon layer of sandbags and Marsten matting. These bunkers were to provide an interlocking group of defensive outposts that could be triggers and tripwires for any activity coming down from the north across the DMZ.

Around these series of bunkers was a huge minefield. It went out a good 500 or 600 meters. And all of this, of course, was built by the Seabees. In each of the outposts there was a small medical detachment and a command element. At ours, at Ca Lu, we had two companies and what they called the Bravo Command Group, which was our Battalion Executive Officer and his staff.

We would routinely operate on a daytime platoon patrol one day. You'd come back in and have what we called night activities. There'd be a squad ambush or a listening post established or whatever. And that was in addition to your platoons's sector of the lines in a defensive role. My sector just happened to be facing directly toward Khe Sanh from the junction of the road down to about 6 o'clock. Route 9 came by my sector of the perimeter.

Then the next day was normally in the perimeter and during that time you would be on what they called "Sparrow Hawk," which was a platoon-sized reaction force. Meanwhile you were filling sand bags and building bunkers.

And then the third day was a company-sized patrol, where the entire company went out and took a larger area down through one of the Montagnard villages, or whatever mission was assigned.

We did that routine fairly regularly except for some very specific operations during January and February that ran over into March. Everybody knew when the first day of Tet came because you couldn't walk outside the wire without getting shot at. Before that, it would just be some incoming.

But being a patrol base and only having a minefield around us, we certainly were in Indian country and had the opportunity to hook and jab every chance we went out. By the time the incident of my evacuation came about at the end of March, our platoon had jelled. It was a good platoon. We had taken few casualties, a few folks wounded in some fistfights along the way, but no one had been killed.

Interestingly, as opposed to what they're encountering over in Iraq right now, we had a lot of difficulty with disease and injury from constantly living in the field. We had only the clothes we were wearing, which was the old green jungle utilities. We spent so much time in the bush, that your clothing stayed wet constantly. Because we went through the tiger grass, which had a razor edge on it, the crotch of the utilities was just cut out all the time. A lot of Marines had groin infections and boils. The Corpsman spent as much time trying to deal with some of the health issues that came up with men who were constantly living in a wet, muddy environment.

We also had a situation with rats. Because Ca Lu was built around an old French fort, there were a lot of rats--and big ones. We used to use them for target practice at night with our Starlight scopes--the night vision equipment. We'd use our harassing and interdicting fire where you'd pop off rats just by random. We had them coming into the bunkers.

We tried to get the Marines in the bunkers when they came off watch because it was dry and you could light candles. They could do their letter writing and it gave them a break from living in the open all the time.

Their "hooches" in the bush were ponchos that were 8 or 10 inches off the ground with a little center pole. You'd crawl up underneath it and get out of the rain. That's the way you lived. You had the items you could subsist on daily--a toothbrush and a little bit of soap and a change of socks. A lot of us got to where we just didn't wear socks because it was a waste of time; they were wet all the time.

As a result, we had a lot of foot problems and a lot of jungle rot. Even though we had jungle boots, some of my Marines didn't have them.

They just couldn't get the damn gear in to us, particularly in the areas where we were. The skies were always socked in. The birds couldn't get in. Our supplies had to come up Route 9 and there were numerous ambushes which destroyed the stuff as it came up. I had several Marines with me who used electrical tape to keep their boots together.

These were constant issues that the medical staff and the Platoon Corpsmen had to confront. It was a constant battle to keep the Marines battle-ready with the environment they were living in. On top of that, when there were rounds being thrown around, you had shrapnel and all the other kinds of things to deal with. Doc Felle never lacked for anything to do nor was he ever bored. Anyway, by the time we got to March, things had heated up so rapidly during Tet of '68 that the decision was made to kick off "Operation Pegasus" to go in and relieve Khe Sanh. We were the closest place where they could mount up the operation.

Ca Lu was eventually absorbed into what became Vandergrift Combat Base. The Army came during late February and started building up a large open area in this valley close to Ca Lu. They opened an airstrip-- "LZ Stud"--for helicopter use, etc. Because it was a Marine facility, they called it Vandergrift Combat Base.

We were then told that Ca Lu was going to become an operational base primarily for the kickoff of Operation Pegasus and that the 1st Air Cavalry was coming up with their abundance of helicopters to make the push to Khe Sanh. So on the afternoon of 26 March, our company--Kilo Company--was pulled out and we were heading back to the Rock Pile, which was not far away. En route, we were diverted to join up with Echo Company, 2nd Battalion, 9th Marines. Interestingly, it was the company that I later had an opportunity to command when I was a Captain and went back to Vietnam in '71.

They were to run a short 2- or 3-day operation out into some open area outside Cam Lo and look for what had been known as the infamous NVA hospital. The folks that we were primarily hooking and jabbing with up there were a couple of regiments of regular NVA soldiers. So there were conventional kinds of jungle warfare tactics that you'd use in the mountainous terrain, absent tracked vehicles. Of course, we had air superiority. They had no air at all. But they certainly had rockets, mortars, and artillery at their disposal. They had to resupply themselves just on the other side of Khe Sanh coming down the Ho Chi Minh Trail as it ran down south into the A Shau Valley.

We moved out on the afternoon of the 26th and hooked up with Echo Company, 2nd Battalion, 9th Marines and moved along that evening and set up. The next morning we were going to kick off and spread out through open country and try to push through whoever it was ahead of us and look for this mysterious hospital.

Late on the afternoon of the 27th, we set up before dark so we could go to "Stand to" just before dark. Normally, while the rest of the company was setting in, we sent out patrols to check out the area. I took out what we called a "fan patrol." You went out from one point on the clock and came in at another point on the clock. At about 1630 I took a patrol out to the west and came back in about 1800, as I recall. It was starting to get dark. We hadn't found anything. We then started setting up our area of the perimeter and got the word that our Company Commander wanted us up at his position, which was off in the center of this large two-company perimeter. He wanted us there about 1845.

I made my way up to his place about that time. We were to discuss what we had done that day and plan for the next day. We were just into the middle of the discussion--just about 1900--when we heard the first mortar tubes popping. It wasn't just the normal one or two. There were a large number of them. When you hear that, you supposedly have about 12 seconds at most to make some kind of decision before they begin hitting.

The platoon commanders started moving to their areas of the perimeter. I began running over to my area. A mortar round hit to my left rear about 2 feet away. Fortunately for me, it broke up in small chunks. If they break up in large chunks, you're dead. We didn't wear lower body armor, just flak jackets. I still had my helmet and flak jacket on. Normally, in the evening, right after "Stand To," I took my helmet and flak jacket off and went to a soft cover, because it was just quieter. You could move around and hear things. We had a little bit of moonlight that night but it was still so damned dark. There was just very little light at all.

The mortar round instantly knocked me down. I later learned from Doc Felle and others that it knocked me out for a little bit of time. The brunt of it hit on the left side, shredded the flak jacket, broke my left arm, which also picked up some shrapnel, as did my left hand. Pieces entered just below the flak jacket on the left side and busted up my left hip. The force caused me to hit the ground in such a way that it ended up breaking off the lower part of my right hip, and filled the right leg with some shrapnel.

I also took a couple of pieces just above the flak jacket on the left side and in the neck. And that was my main concern because once I came to, I felt like I was drowning. A fragment had just barely grazed the major vessels up there and there was a loss of blood situation which was fairly dramatic.

When I became lucid enough to understand what was going on, Doc Felle was there. After the first barrage--and there was three--CPL Williams was already moving around, checking on people to see who was hit and how things were. Normally, after a mortar attack like that--and we were pretty much in the open--you would get some enemy probing activity. You would then instantly go to full alert and make sure that if you had a hole in the line somewhere, to fill that hole. CPL Williams was doing that.

He was just an amazing man. He and I were about the same age. He was of Indian descent from northern Michigan. He was married and had one child and one on the way at that time. He was a totally fearless Marine. I can still visualize him in a fire fight crouched and carrying his weapon by the forearm in his left hand. He'd be moving about and yellin' and using the right hand to do something else. He was really something.

When he found me, he immediately got Doc Felle over there. I sat up and was swallowing so much blood I really thought I was going to drown. I couldn't keep the blood from running down into my throat so I tried to lean over. Doc Felle peeled off what was left of my flak jacket, which was pretty well shredded on the left side and back. As he kept trying to push me down, I kept trying to sit up.

Then came the second mortar barrage. At that point, CPL Williams took off his flak jacket and put it over my head, shoulders, and upper body. He then pushed me down on the ground and Doc Felle lay on top of me. Will had his helmet on and he just kind of crouched around and held on to both of us so he was the more exposed at the time.

Doc Felle was trying to figure out where all the wounds were and obviously came to the conclusion that my neck was the most serious because of all the blood I was losing. CPL Williams tore off his skivvy shirt and they wrapped it around my neck. Then they wanted to get me up and drag me over to a hole. The nearest one was the mortar pit. By that time, I thought I was gonna drown. When I tried to stand up, there was just no way. My right leg felt like it was on fire. So I got them to drag me over to the mortar pit. In the process of getting me over there, the second half of the second barrage came in--maybe two or three extra rounds.

Meanwhile, Doc Felle hit me with morphine, wrote it on my chest, everything by the book.

**He wrote a note on your chest showing that he had given you the morphine.**

Yes. He actually wrote it in my own blood. I was conscious enough so that I was aware of all this. Even before the chopper came, he gave me more. At that time it wasn't so much the blood, although that was his concern. The shrapnel felt like it was burning holes in me. I've got about a pound still left in me, and some of it has made its way to the surface over the years.

Meanwhile, there was also some concern about enemy probing. CPL Williams got hold of the Company Commander and they got a helicopter inbound. It was an H-34, the old style. We heard it inbound and I don't know how long it took.

Let's just skip ahead a second. I can tell you that from the time I was hit, which was right about 1900, I was on the *USS Sanctuary*, Navy hospital ship, and in the prep room for surgery a little after 0100. And I know that because the Corpsman in the operating room on the hospital ship told me what time it was.

The helicopter pilot was an amazing guy. You talk about a hero. He turned on his lights so he could see where to set down. It was heavily mountainous terrain over by the Rockpile and where we were was a rolling plateau area with a lot of rock structures around. About that time, the next barrage started. CPL Williams was standing up waving him in, and I can still see him silhouetted between me and the lights of the helicopter as it came across the perimeter. Doc Felle was laying over the top of me and dealing with the blood loss.

Doc Felle, CPL Williams, CPL Fisher, my radio operator, and I had gotten very close. Yeah, we'd all gotten all the lectures about not making friends in combat and all that stuff, but we had literally lived together since November and we could look at each other and almost know what the other was thinking. We trusted each other implicitly. And at the same time, there was such trust in CPL Williams. These were hard men but very good and very cool. And everybody had total confidence in CPL Williams and his leadership ability.

Anyway, CPL Williams waved the bird in. And, even though the ground was the way it was and even though there were still incoming mortar rounds, CPL Williams got the helicopter to where it was at least hovering. Four Marines then got me on a poncho and dragged me over to where they could get up underneath the helicopter. They tried three times and on the third try they got me up high enough and the bird got down enough to where they could shove me in the door. It was as though they were doing body lifts trying to get me up. At the same time, Doc Felle then helped lift a mortally wounded Gunnery Sergeant from Echo Company, 2/9 into the helicopter.

I hadn't died up to that point and didn't think I would. I was maintaining my optimism. I was less concerned at that point about my neck because I no longer felt like I was drowning. But once the blood running down my throat abated some, my legs then became my main concern. I couldn't stand up. My legs just gave out and there was just too much pain.

I've thought about this many times afterward. I had such supreme confidence in the leadership abilities of CPL Williams, Doc Felle, and others that I didn't worry about the platoon. And the dream was, that depending upon how bad you were injured, that you were going to return to your platoon.

On the bird was the Gunnery Sergeant, another Marine, and me. They immediately took us back to Delta Med in Dong Ha. I later learned that once the helicopter had left, CPL Williams then told Doc Felle that his hand had been shot up and Doc Felle fixed him up.

When we got to Delta Med, it was the night of March 27, 1968. Operation Pegasus had just kicked off and the 1st Air Cav was taking enormous casualties because they didn't listen to their Marine counterparts who had lived up in the area along Route 9 and the ridges. We told them, "Every night you gotta dig in." Well, they didn't buy that stuff and the first couple of nights they took enormous casualties as their platoons were hopscotching along the ridge lines protecting the Marines moving up the road. By that time, with Tet underway and so much enemy activity, the NVA had all those ridge lines scoped out and they knew exactly what they were doing. They were eatin' the 1st Air Cav alive. And Delta Med had all kinds of casualties.

They rolled us into Delta Med on top of big gurneys and stripped us completely except for dogtags. I was just colder than hell. I could not warm up. They immediately started jamming plasma into me. A Corpsman came up and covered me with blankets. He then said, "It won't make any difference how much we put on top because we're putting cold plasma inside."

I had left my weapon and all my gear in the field with CPL Williams and all I had left was a knife that I always wore on a belt underneath my cartridge belt up next to me. I had been given that knife by my father-in-law when I graduated from Officer Candidate School. And I

wanted that knife back. I knew that the damn knife was gonna get pilfered by somebody. So I started making an issue about it. I got it back!

I remember laying there and the Gunnery Sergeant was beside me on another gurney. A Chaplain came over, looked down at me, and said, "Lieutenant. Just relax. Take it easy. You're not going to die."

And that settled the issue right there. It was amazing. Talk about credibility. He had it! The calming effect was just incredible. He then went directly to the Gunnery Sergeant and said, "Gunny, you're gonna die. It's time, and if you haven't already done so, it's time we have a talk."

I don't know who the Chaplain was or what his faith, but he and the Gunnery Sergeant . . . The Gunny had been gut-shot and he was hurt bad. It was somewhere in the next 30 minutes that he passed away. But during that time the Gunny tried to make peace with everything that came to his mind. And he just didn't get through his laundry list. It was obvious.

Meanwhile, they were doing all the blood tests and whatever. Nobody told me at that point what was wrong with me other than I knew where all the hits were, at least I thought I did. And I didn't ask.

The next thing I knew, I was put on a stretcher, put on the back of a jeep, and taken back out to a C-130 and immediately flown down to Danang. When they rolled me into the medical facility, I remember a doctor asking me, "Where have they taken blood from you?"

I always found that amazing. Every place I stopped somewhere, they took blood. So they took some blood and took some x-rays. I heard him tell me that I was going to the hospital ship. And it seemed like just a little bit later that I was again put onto some kind of jeep rig in a stretcher and strapped in. I was instructed to hold on to two bottles. One was plasma and I don't know what was in the other--perhaps glucose.

We got to an airstrip and a Sergeant came over and said, "I'm a Master Sergeant in the Air Force, lieutenant, and I'm gonna take care of you." Then he said, "We really appreciate what all you guys are doin' up there."

So I went to the hospital ship. I can't remember the landing on the ship but the next thing I do remember, vividly, is being in some kind of prep room. The Corpsman said, "I will shave you." And he wasn't kidding. He meant my entire, damn body. And it was with the proverbial dull razor. I felt like he pulled half my hair out. That's when I asked him what time it was. And he said that it was a little after 1.

As I have been told, I was on the hospital ship for 7 or 8 days; I'm not sure. I remember waking up on the bottom rack in what was called the SOQ [sick officer's quarters] on the *Sanctuary*. My mouth was completely wired shut. There was a feeding tube that went down through my nose to my stomach. My left arm was in a rig which kept it at 90 degrees. The right arm from the shoulder down to the elbow was along my side and the elbow out was at 90 degrees going straight up. The left-hand fingers were free. I had a cast-like apparatus from my waist down to about my kneecaps.

Of course, the doctors visited every day. Doc Felle and I have been able to track down the Navy nurse that was in the hospital, which, by the way, is a part of this story that I dearly want to tell you.

But what I have not been able to do is track down the doctors who were on duty that night, which would have been the 27th and 28th of March on the *Sanctuary* and who performed the surgery. I'll tell you, whoever the doctor was who worked on my neck, the guy was good. I've got about a 6 1/2 - or 7-inch scar from behind my ear that runs all the way around to the front

of my neck on the left hand side. He put it right in the crease. Unless I really point it out, the average person doesn't look twice at it. I've always wanted to track him down and thank him for what he did.

I recall being on the hospital ship, and laying there one night, I remember grabbing hold of the springs on the rack above me, because I thought I was drowning, and I kept shoving Kleenex in my mouth. I can still see this vividly in my mind's eye.

Also I remember while on the *Sanctuary*, the pain was such that they kept me on constant pain medication, which I've been told was morphine. There was a Red Cross lady on the ship and she was able to get a patch to my father-in-law in Florida through the Ham Radio system. I had left instructions in my permanent record that my next of kin was not to be notified if I were injured. Only in case of death was my next of kin to be notified. This was my third wound and it was the granddaddy. I was leaving country and I wanted to get word to him that letters were not going to be forthcoming or as frequent.

I developed a blood clot in my right leg that required them to bust open the cast and dig in there and get that damn thing out. Of all I dealt with on the various wounds, that sucker really hurt and got my attention.

After some number of days, I was taken to Danang to the overnight Air Force facility and prepped for movement to Guam. The trip from Danang to Guam was a major ass-kicker. That was the worst part of my whole experience. Everything we dealt with through the 9 months of hospital time, that trip was the worst part of the whole drill. The plane was a C-141. We were stacked in litters with me on the top. It was hotter than Hades up there. I was on my back in this cast arrangement and couldn't take a leak. The nurse or Corpsman was always having to help me. It was absolutely miserable.

The flight took 10 hours. I couldn't roll up on my side, and my left arm was sticking up and jabbing into the skin of the bird. I've done a lot of miserable things but that rates right at the top.

Nevertheless, the Air Force Nurses and Doctors on that plane were just superb. They couldn't have been more kind-hearted.

We got to Guam in the late evening and I was rolled into the transient ward. A doctor came around and made the initial check and disposition on me. He told me that over the next few days, he was going to remove the cast on my arm and redo it. He was also going to remove the wire from my mouth, take the tubes out, and I could start eating liquid food, and that generally life would improve to some degree.

### **This was the Naval Hospital at Guam?**

Yes. It was at Agaña. As I've come to find out, they had just gone from a standard 100-bed facility to 300 or 400 in the space of 72 hours. The Navy nurses were given 24 hours notice and arrived within 18 hours after that.

There's an aspect of all this that I certainly saw in my later years in the Marine Corps from the time I left the hospital throughout the rest of my career, and to some degree I see now. But I would caveat that by saying that it's because of what's been highlighted recently in the media. The numbers of youngsters that are recovering from their wounds--very traumatic types of wounds--is much different from what it was in my day. Back then, the level of medicine wasn't what it is now and many more kids are surviving now with horrible wounds than would have back then. It's going to cause the Department of Defense and others to take a whole

different look at how we train psychologically, for not only the kinds of injuries, but also the psychological aspect of what those injuries have on the person and on the unit.

Guam was, without doubt, one of the most defining periods in my life. Without exception, the kinds of things that I was exposed to there--the people, the injuries, watching how people were taken care of--affected me for the rest of my life. It also affected the way that I looked at war and the way I looked at the preparation as an infantryman for war.

At Guam, we went to a ward. I recall that the ward was sparsely populated and appeared that it was just those of us they were bringing in. We got settled in and told we were going to spend the night and then would be moved to other wards. I was told there was not an SOQ. I don't recall if I was the only officer on that flight that night or if there were others.

The doctor came in and told me they would be removing the wiring from my jaw and I could start eating soft foods. I told him that what I really wanted was a sandwich. He said I wouldn't be able to eat it. I wasn't begging him but close to it. He finally said, okay I could try it.

And I tried and it didn't work at all. I realized that he knew what he was talking about! What I didn't know at that time was that all the nerves in the left side of my face had been severed. To this day, from the point of my chin back around almost up to the top of my ear--all that left side of my face up to the high cheek bone just under the eye and the left side of my tongue, is numb and has been for years.

I found out that because of all that damage it was damn near impossible to swallow anything. It took me most of the time I was in Guam, which was from about the second week of April until almost the end of June before I got to where I could chew a little bit. But it was with great amounts of liquid to wash everything down. I still do all my chewing on the right side. I can't control anything with the left side. But I've learned to live with all of that.

At that point, I wasn't ambulatory. They still had the hip pretty well locked down. That's the time I really learned the extent of my injuries as they began to look more closely and let me in as to what was going on. I have since learned that shrapnel had gone in the left side. They eventually made the decision because of the time required for recuperation that I was going back to the States.

The next day they moved me to the amputee ward down on the bottom floor. The wards were set up like most hospitals with courtyards in between them. This ward was not air conditioned but had big fans going. We wore blue cotton trousers and didn't wear shirts. Outside the ward, you had to wear your seersucker, striped bathrobe but we never wore a shirt.

### **Was there a reason they put you on the amputee ward?**

They didn't have an SOQ [Sick Officers Quarters]. At that time, I think in my case they were more concerned about my hip and lower right leg. They had taken the cast off my left arm. I had taken a piece of shrapnel which had broken a bone there, but it had healed all right. My lower body seemed to have been the problem. I had taken shrapnel in the left hip, which pretty well chewed it up. The right hip was broken at the ischium and remains so to this day. The lower part of the circle there was broken off and it's down an x number of centimeters below. The whole time I was in the Marine Corps, the doctors told me that at some point in my life it's going to become a foreign body.

They finally took the contraption off my pelvic area that was keeping me immobilized. I was then able to take a shower and it was amazing. To this day, I can still feel what that was like. That was the first shower I had since I left Okinawa back in November of '67. In Vietnam,

you just grabbed water out of a stream or you got some out of a water can. We lived out of our canteens and helmets.

It was about this time that I saw myself. I looked in the mirror and was amazed at how much weight I had lost. In those days I was running about 170. I recall, that I was now down to about 130.

What then began for me was what I would call an observation period. It became a lesson about life and the realities of war that to this day plague me. If I have dreams and, on occasion, nightmares . . . If I'm watching the evening news and see some discussion about a particular hospital, there are instant memories of seeing a lot of youngsters in incredible contraptions and being taken care of, and knowing what they will be carrying with them the rest of their lives.

Let me describe to you some of those impressions. Directly across from me was a kid--a Corporal--who was a triple amputee. Every day they would sedate him to get him to relax at night. He was in a bed we called the "monkey bed." It was like a four-poster with rails hooked together at the top. He had his left arm intact but was missing the right arm above the elbow and both legs above the knee. Every morning the nurses came to wake us and get the day started. They would awaken him and the chow would be brought in. They'd sit him up in the rack and he'd eat. Then after he'd push the cart away, he would make a lunge and grab hold of the rail at the top with his left arm. Then all day long, he would bounce and grab, bounce and grab, going all around that bed. You could hear the bed springs as he did this all day. All day. Then after chow at night, he'd be sedated all over again. That must have gone on for 2 or 3 weeks. It got to where you just didn't hear the bedsprings. You just knew he was in motion.

Down by the Nurse's Station on the left side, there was what we called the "round bed." It was a round contraption that had a bed suspended in the center of it. There was a young Lance Corporal who, when I first got into the ward, had not been there but a day or two. He had been hit by white phosphorus--Willy Peter--and been severely burned. They had him in this bed and every so often--maybe every 30 minutes or so--they turned the bed and put this gauze stuff on his other side. Then that side would be up and then they'd keep the process going.

Every time they turned him, you'd hear these blood-curdling screams. After a while that sound didn't cause you to stop what you were doing. You just got used to it. The mind is an amazing thing. And, of course, we were living inside of this very, very small world and without the spell being broken, you became very used to what was inside of it.

They finally established an SOQ because they had so many officers coming in, and I was moved. By the time I left Guam, I knew several of the lieutenants who were coming in from other units. Some of them had been in my Basic School at Quantico. One had been in my Officer Candidate Class. There were lots of junior officers. Life expectancy of a Marine second lieutenant was about 20 minutes in those days. There were enough lieutenants to set up your own infantry battalion.

We had two or three captains; one was an F-4 pilot. His leg was pretty well shot up and the side of his face was damaged. We had a potpourri of injuries on that ward. One of the lieutenants, LT Henderson from 2nd Battalion, 9th Marines, and I had come from 3rd Battalion, 9th Marines. He had had both legs amputated. He was older than the rest of us, was married, and had a couple of daughters. He was very despondent. I remember going to his Silver Star award ceremony there. That was one of the few times I'd ever seen him smile. He tried on several occasions to commit suicide. He just desperately did not want to go back to the states. I never knew what happened to him.

Most everybody but four or five of us and the burn victim I talked about were amputees or had major orthopedic injuries. We were asked to help the nurses help the kids that were having difficulty cleaning their wounds. So I helped organize this little group and we'd move around in our wheelchairs helping out. That was one of the highlights of the day. You got real used to the sights, smells, and sounds. If you were ambulatory and able to go outside in a wheelchair or a lawn chair, you'd go into the center courtyard about an hour or two after lunch. If you could sit up and had an arm to use, you'd pass a tennis ball around. We'd form this huge circle and throw the tennis ball back and forth. There would be a couple of nurses there and if the ball got away, they'd retrieve it.

One day while we were engaged in this activity in the courtyard, some B-52s were taking off in pairs from Anderson AFB. That afternoon there must have been about 28 of them flying right over the top of the hospital on their way to bombing missions over Vietnam. You can imagine what that was like. There were two that were far out in your vision. There were two overhead. And there were two others coming on. The whole hospital cheered. We threw our arms up in the air in big V signs. It was cool. This happened every afternoon about 3 o'clock Guam time. It was amazing.

Then we'd go back in and cool down. You could get washcloths and go in the head to wipe yourself off. It was pretty damn hot there but the nights were pleasant.

I was still attached to pain medicine. There came a point that the doctor said, "I'm gonna get you off of any kind of pain medicine because you shouldn't be needing it anymore. You're healing well enough. You're gonna have aches but you might as well get used to it because you're gonna have them forever. It will settle into its own routine so let's get on with it."

It was very obvious to me that I really wanted this stuff because I couldn't go to sleep at night because I thought I was in pain.

Along about that time, a nurse appeared on the SOQ ward. Her name was Margaret Wilkinson. Her married name is Crowe. She was called Maggie. She was a tall, blonde Lieutenant, probably about 6'1". When she came on the ward, it changed the whole tone. She was stern but not hard. She wasn't the tough, grizzled nurse. She was just, "Hey, guys. Here's the way it's gonna be so let's have some fun while we're here."

She was always smiling, always laughing and had an amazing amount of warmth. I credit her with singularly getting me off whatever it was I was on.

Maggie, in the course of a week or so, by sitting there for a couple of hours in the evening by the rack, and talking, and bringing me a cold washcloth and a pail of cold water to swab off with, got me off the doggone stuff. I'll tell you what. It's amazing how that stuff can get a hold of you. I credit her with being the single support source that made the difference. Nobody else took that kind of interest. I was just part of a whole, growing populace of wounded Marines and sailors.

Maggie became very influential in my recovery. We had long conversations. Later on, as we officers became ambulatory, we were invited to what was called "Nurse's Happy Hour." Their BOQ was directly on the side of the hospital. A doctor or nurse would come get you in a wheelchair and they'd wheel you over there. Our uniform of the day was a pair of shorts with a robe.

Before I left Guam, the hospital set up a program or as I later learned, it was the townspeople of Agaña and the Guamanians themselves, who set up a program where you could roll out in front of the hospital in your wheelchair and a cab would come up instantly. Of course, you checked out of the ward and got a pass from the nurse. You had to be back at a certain time.

And you'd be in your bathrobe and shorts. The cab driver would help you get in the cab. I had been told about this fried rice restaurant that was just outside the hospital grounds. I'd have the cab take me there. Two or three of the nurses would meet us there and we'd all sit around and talk.

On Saturdays and Sunday afternoons, in particular, you could roll out in front of the hospital and a cab would pick you up and take you downtown to the movie house and the driver would roll you right in. You didn't pay a dime. He'd roll you right past the ticket booth, right into the center aisle of the theater and you'd sit there in your wheelchair and watch the movie.

Then, after the show, the Guamanians in the theater would roll you back out. They'd get you a cab and take you right back. And none of what I just described would have cost you a dime. You could have gotten popcorn, cokes, whatever. On Sunday afternoons, you could roll out to the front of the hospital. A bus would come that was set up to take wheelchair patients. They'd load us on the bus and take us out to one of their picnics, which was like a luau. Then they'd bring us back. The Air Force officers would come down from Anderson and take us to Friday night at the O-club. That's the time I got to see Natalie Cole. It was one amazing night. Those are wonderful memories that helped break all the monotony at the hospital.

If you went through Guam, you're homecoming was in Guam. It was not when you got to the States. When you got back to the States, the air about what was going on took over. But in Guam you certainly felt like you were welcomed home and your service to country was appreciated. The Guamanians were just unbelievable.

The time I spent in Guam was profoundly influential on my future as a Marine officer. It didn't diminish my aggressiveness. A lot of officers might be fearless and assume that everybody else is. What the hospital experience did for me was to make me understand what I was all about. From the time I hit Delta Med in Dong Ha all the way to the time I was released from the Naval Hospital at Beaufort, SC. I'm talking about the whole experience. When you wrap it all up and look at what it took to get just me back from where I was. People look at me and say, "We can't even tell you were injured." The kind of work the doctor did on the left side of my neck . . . If I didn't point it out, you'd just think it was a hard crease or something. He just did an amazing job. There are other kinds of things I can hide with clothes.

The point is that the whole experience changes you. I don't give any thought at all to my own injuries. I'm not being self-serving by saying that. But I do think about all that I saw and all that it takes to support that aspect of warfare and all that's required. And then there's the amazing skill of these medical people who put folks like me back together.

Infantrymen in Vietnam, like in my case, "lived" in the bush. You didn't pull back to a relatively secure area. You were always subject to rocket and mortar attacks. You just never got out of the environment. I've heard that for the Vietnam guys, that's 90 percent of the problem with PTSD is that you just never were able to move out of the environment. There was never a break. The whole time I was in Vietnam we never got to go back to a secure area.

But comparing that to the hospital environment, I'll take living in the bush and being in fire fights every damn day than being in a hospital every day. It was tough. The easiest part of it was dealing with your own injuries. And I didn't have to put up with an amputation or something like that. But being surrounded by the agony and the misery that was going on, knowing that for many of these people, it's probably never going to get better. Now that's very tough stuff.

I'd characterize it this way. As my body was healing, the atmosphere in the hospital just seemed to get more intense and more intense. There were more injured arriving. The average

civilian has no idea the level of expertise and the amount of energy that is expended on keeping a serviceman alive when he's come out of the combat environment. The injuries I saw coming into that hospital seemed to get worse and worse. As an example, the kid who was in the round bed . . . I don't think he made it for quite a month. He got gangrene. They started by amputating some toes. Then they moved all the way up to his groin on one side, and just above the knee on the other, and then he died.

You knew in the morning when they rolled him down to surgery, then they rolled him back. As harsh as this sounds, you didn't want to know his name. That was real tough.

There were also some great stories. There was a young PFC who got caught in a fire fight up by the DMZ. He got medevaced and when they pulled him into the bird, because of all the confusion taking place, he ended up with his lieutenant's helmet. So they thought he was an officer. When he got all the way to Guam, he was still LT "Updefratz." Well, this being a rare college graduate in those days, he picked up on that pretty quick. He was about four racks down from me.

When he became ambulatory, and he picked up on exactly how good a life he was having--nurses, happy hours, and stuff--he became the life of the ward. He was the number one guy on the ward. He had an incredible sense of humor and was truly the life of the place. I'll never forget the day NIS [Naval Investigative Service] walked in there. They questioned him and then they told him to pack his stuff up and he was gone. He had been tracked down because he had to sign his name on the rations roster. But he was a great guy. We had already commissioned that guy; he was good! He could have been a fine lieutenant as far we were concerned!

From Guam I was medevaced back to the States--back to Travis AFB. There were five lieutenants who were going back home. We begged the hospital, and we begged the Marine liaison to let us go back in uniform. We did not want to go home in bathrobes. The XO of the Marine Barracks at Guam got us out there on a bus and got us fitted for some khakis. And we got to go home in uniform. As I recall, we made only one stop in Hawaii. There was a Marine Corps General there who pinned on Purple Hearts. Then we got right back on the plane and flew to Travis, arriving in early evening.

What happened next, I will never forget. Everything we had brought with us from Guam--the good feelings, the people, and the nurses, and all of that--was instantly changed. We were picked up from our C-141 by an Air Force blue bus. An Air Force Sergeant got on the bus and said, "Okay, when we get to the hospital, you'll be taken to the ward you're going to be on, and then after you get settled in, you'll have your choice of going to the cafeteria for a steak dinner or you can make a 3-minute phone call to your next-of-kin."

It took about 30 seconds for that to settle in. Then I questioned the either or. "What's the deal with the either or? What's the deal with the free phone call? How come we can't just do that anyway?"

"That's the way it's been directed and I'm going to enforce that."

Coming from the environment that I had come from, I told the bus driver to sit still and I stood up and told the young Sergeant, "I'm goin' to tell you something right now. This bus isn't going anywhere until I get an acknowledgement that every swingin' dick on this bus is gonna get . . . Not only are we gonna make our 3-minute phone call but anybody else who can get a chance is gonna have that free steak dinner. And that's the way it's gonna be."

So we got into a little bit of a tussle, and to make a long story short, the Marines seized and held the ground! It's interesting, though, that I've never forgotten that attitude. In his case,

it was obvious. He hadn't been overseas. He was a long ways from the front. He was a long ways from the environment. Even in Hawaii, there was a spirit of appreciation and understanding, not as deep as it was in Guam. I'm not making more of this because it still prevails today, particularly in the mind of the Vietnam vet. And the further we got away from the war zone and those directly involved in it, it all disintegrated. The further you got into the bowels of the country, so to speak, it disintegrated even further

We spent the night at Travis. The next day, I was put on a plane to start making my way east. I eventually was going to the Naval Hospital at Jacksonville, FL. My home of record in those days was Orlando. We went first to Mountain Home, ID, and dropped off some folks, then we went to Ogden Lake, UT. Then coming into Denver, we lost an engine, but landed. We then settled into Fitzsimons Army Hospital and spent 4 days there waiting for the plane to be fixed.

We left there for Scott AFB, IL, and stayed there for 2 days. From there we flew to Montgomery, AL. However it worked out, we got there on a Wednesday. I was told that I would not be leaving until Sunday afternoon. It was only an hour and a half flight from Montgomery to Jacksonville. But we were being flown by reservists and they would not be available until Sunday. I told the Air Force nurse, a Major, that if she would permit me to, I would pay my money for an airplane ticket and fly directly and report directly to the hospital in Jacksonville. She told me she couldn't let me do that because I was already in the system.

After about a day of putting up with that, I said, Ma'am, I'm leaving. I'm goin' to Jacksonville. That's where my wife is. I haven't been there in a long time and I will guarantee you, swear to you as a Marine officer, that I will go directly to the hospital."

She didn't take to kindly to that and, basically, put me in a hack. She ordered me back to a room that had bars on the windows and she put a duty NCO outside to watch me. She did allow me to go escorted, if I wanted to, over to the hospital mess and eat, then I'd come back to the room. I ended up sitting in that place for 4 days. As I recall, it took me something like 10 or 11 days to fly from Travis AFB to Jacksonville! The worst part of it was that I just sat there. There were no TVs in the rooms.

We left on Sunday afternoon. I had already communicated with my wife. I got to the Naval Air Station in Jacksonville and I was taken by bus over to the Naval Hospital. Later in the afternoon, I was introduced to a Dr. [Gerald J.] Dihl. He became and has been extremely influential in my life until this day. That first afternoon, he checked me over and read all the reports. He started talking to me about therapy right then. He said, "After we do some observation and some tests, you can go on convalescent leave. You've got to stay within the local area so you can be checked up on. But I need you to spend as much time as you can in the water. You need to do a lot of swimming. You need to exercise your hips and the muscles in your legs."

That evening, I had a chance to reunite with my wife. My father came up and so did my father-in-law, who by the way, was a doctor--an obstetrician-gynecologist in Orlando.

After about a week, Dr. Dihl told me that if I could promise to get myself into a position where I could stay in the water and do a lot of swimming each day--as much as I could do--then he would let me go home on convalescent leave.

Later, I learned that Dr. Dihl and my father-in-law had had a long conversation that first day. The result was that my father-in-law said that he'd watch over the convalescing. Because they had a swimming pool at their house, he would help enforce the swimming. So I had the great fortune of being released to his custody. I went to Orlando for about 20 days and spent almost 6 hours a day in the water swimming. And for protein purposes and to regain my strength

and weight, I consumed a reasonable amount of beer each day! I had to work on that protein fast. It was amazing therapy. I was only 23 years old and I got back into shape fast.

I came back to the Naval Hospital, and Dr. Dihl kept me there for about a week and he ran some more tests. They told me that my neck was as good as it was ever going to get. The lingual nerve had been cut and it just wasn't going to get any better. Then they said they would be running a medical board. They decided to put me on limited duty for 6 months. They said it would be up to the Marine Corps whether I was allowed to stay in the Corps.

At that particular time, my contract called for 3 years of active duty and then I would go into the reserves. I pretty well planned to do that. While they were running the medical board, I was released to the Marine Barracks at Jacksonville.

I had gotten some good advice from Dihl. Before I left the hospital, he became very important in the rest of my life. He talked to me about stretching. He told me that for the rest of my life, I should keep up some kind of stretching regimen where I'd keep myself as limber as possible. I should swim as much as I could. It was like the old football stretching. You do the body bends and reach down. To this day, every morning, I spend about 10 minutes stretching. It's been a lifesaver. When I was going through my retirement, the doctors who were doing the x-rays on my hips thought it was amazing that I had no signs of arthritis and that calcification where my injuries had been was minimal.

Anyway, in a limited duty status, I was then transferred to a place where I could serve. At that time, for Marines who had been medevaced, the Marine Corps tried to give you your choice of duty station, if you were able to serve there. I asked to go to Parris Island and be a Series Officer training recruits.

When I got there, the people at the Naval Hospital in Beaufort weren't too damn wild about me being a Series Officer. They recommended a staff officer position. I had been promoted to First Lieutenant while I was at Jacksonville. The problem with being a staff officer was that you just got stuck with little jobs of all kinds. I politicked and got very fortunate; my battalion commander from Vietnam came in to be a Battalion Commander there at Parris Island at one of the Recruit Training battalions. He heard of my plight and I got transferred.

My Regimental Commander from Vietnam then came in to take over the Recruit Training Regiment so it was like old home week. I got to serve as a Series Commander. During that time, my left arm started acting up. I had some shrapnel that was causing problems in movement of the wrist. They brought me back into the hospital and did surgery there at Beaufort and removed some shrapnel on the top side of my left wrist.

I was not released from limited duty and that came to haunt me to a career-ending position. I became absorbed in the Marine Corps while at Parris Island. I really wanted to stay in the Corps. I had had the great opportunity to be offered augmentation to the regular service earlier. In those days, everybody came in as a reserve officer unless you graduated from the Naval Academy. I, of course, had been former enlisted so I had a reserve commission. But I had earned a meritorious augmentation out of the Basic School. But, unfortunately, I had been wounded and medevaced before that caught up with me in Vietnam. Then I went on limited duty status and wasn't allowed to augment.

So I started fighting for augmentation and later, when I was at Quantico, I augmented. Two years after that I went back to Vietnam. It was a much different tour that time, as a Company Commander. I don't recall how the limited duty status was erased but nothing ever changed medically.

**Are there any aftereffects today from those injuries?**

If I don't exercise. . . I'll give you an example. If I'm driving my truck for 8 or 10 hours and don't exercise, the right hip will be barking at me a little bit.

I went on to jump school. I went into some heavy duty reconnaissance training, diving-- all that kind of stuff.

All in all, I'll tell you that throughout my entire career, there's no group of people, next to Marines, that I can speak more highly of than the Navy medical service. That includes the doctors, dentists, corpsmen, nurses. And to add to that, I've had two daughters born in Navy hospitals, one at Quantico and one in Orlando. My wife has had superb care over the years.

One of the hard things about leaving active duty is leaving that kind of environment because you're just so well taken care of.

**I have a last question. And this is one I ask all the veterans. It's been 37 some odd years since you were in Vietnam and were injured. Do you think about it much anymore?**

I heard an interview with an octogenarian one time. This lady said, "If you want me to talk about things, remind me of it or show me something and it will instantly give me recall to stories and feelings."

Let me answer it this way. When I was on active duty, I actually thought about the combat I'd experienced. And when it was necessary to use that experience as lessons learned, I tried to keep it in that context. Since I have retired and have had more time to think and reflect, and most particularly, since we went into Iraq, I think a lot about it. I've probably had more sleepless nights and more lying awake and trying to go to sleep, or waking up in the middle of the night, or out of the blue, a memory will come back. I find it occurring more and more. It's not the memories of combat that gives me the most trouble--the waking up late at night, or the lying awake, or even the nightmare every once in a while. It's the time I spent in the hospital. There were sights and sounds I remember from the time I was medevaced until the time I was released that I will never forget. Some of those memories are at the top of the scale in humor and loving kindness. Many others are at the bottom.

It may be because of the time you and I have shared in the last 3 weeks. Doc Felle and I communicate regularly. And I've had three or four of my contemporaries who have retired and are now discovering that they are displaying the syndrome of PTSD. I think everybody in the world who has been in combat has something on that laundry list.

But for the most part, I don't try not to think about it. Today's political involvement has caused me to go back and reflect a lot.

**How many years did you have in the Corps?**

I had a little over 28.

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